



Canine Semen Freezing and Storage Services

Straws to Paws LLC

32 Pleasant Valley Road, Suite B
Washington, NJ 07882
908-689-0800
www.StrawstoPaws.com

Authorization of Agent for Disposition & Usage

Owner Name: (print): _____
 Address: _____
 Telephone (Home): _____ Cell: _____
 E-mail: _____

As owner of the canine frozen semen inventory listed below, I authorize the following person(s) to act as my representative/agent regarding the disposition of said inventory as checked below:

Stud Dog Name: (Specify or write "All") **Collection date(s): (Specify or write "All")**

You must check all your choices:

- My representative/agent(s) will have ownership rights in the case of my passing.
- My representative/agent(s) will have the authority to make **independent** decisions regarding the usage, storage, shipping, transfer or disposal of the canine frozen semen.
- My representative/agent(s) should be listed as co-owner of semen on AKC Collection Statements.
- My representative/agent(s) will have access to information only, without decision authority.

I am aware that the authorized agent(s) I list will have full access to account and inventory information. This authorization will remain in effect until cancelled, in writing, by me.

Owner Signature: _____ Date: _____

Rep. #1 Name (print): _____
 Address: _____
 Telephone (Home): _____ Cell: _____
 E-mail: _____

Signature: _____ Date: _____

Rep. #2 Name (print): _____
 Address: _____
 Telephone (Home): _____ Cell: _____
 E-mail: _____

Signature: _____ Date: _____

If you would like to give another person authority regarding this dog's semen, you may do so by listing them here, and checking the chosen authorities.

FOR SECURITY OF TELEPHONE COMMUNICATION (Required Information)

My chosen telephone password: _____